

FILED SEP 13 1943
Registration District No. **249**

Primary Registration District No. **4372**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Nodaway**
(b) City or town **Burlington Junction**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **3 yrs.** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Nodaway**
(c) City or town **Burlington Junction**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John William Florea**
3. (b) If veteran, name war **NO** 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Lena Florea** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 5 1861**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	2	26	hr. _____ min.

9. Birthplace **Newport Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business **John Florea**

12. Name **Adams Co. Ohio**

13. Birthplace **Cynthia Ann Powell**
(City, town, or county) (State or foreign country)

14. Maiden name **Adams Co. OHIO**
(City, town, or county) (State or foreign country)

15. Birthplace **Mrs. George Deagan**
(City, town, or county) (State or foreign country)

16. (a) Informant **Burlington Junction Mo**

(b) Address **burial**

17. (a) (Burial, cremation, or removal) **white oak cemetery** (b) Date thereof **9-3-43**
(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director **Price Funeral Home**
(b) Address **Marionville Mo**

19. (a) **Sept 3 - 1943** (b) **W. W. Carpenter**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **1**
year **1943** hour **12** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **June 1**, 19**43** to **Sept 1**, 19**43**
that I last saw him alive on **Aug 30**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **cerebral hemorrhage**
Coronary sclerosis
Due to **Senility**

Due to _____
Other conditions (include pregnancy within 3 months of death) **gza**

Major findings:
Of operations _____
Of autopsy _____

Duration **1 wks**
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature **A. J. Deagan** (M. D. or other) **MD**
Address **Marionville Mo** Date signed **9/6/43**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
J. W. L. Lee

Licensed Embalmer No.....
2539

P. O. Address.....
Maryville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.